## 

## UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF TEXAS



2019 JAN 17 PM 3:58

DEPUTY CLERK

Tames Earl Clayfor Plaintiff

v.

5-19 C V 0 0 0 8 - C

Civil Action No.

Defendant

Defendant

	COMPLAINT	
·		

Date	0//12/2019	
Signature	A	
Print Name	James & Clayton James Earl Clayton	
Address	3302 East 16th St.	
City, State, Zip	Lubbock Texas 79403	
Telephone	325-514-2878	

## 

CLAIM FOR DAMAGE, INJURY, OR DEATH	INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.  FORM APPROVED OMB NO. 1105-0008				
1. Submit to Appropriate Federal Agency:  047Ke of Chief Cou	ncil oz	2. Name, address of claimant, and claima (See instructions on reverse). Number,  James Earl Cla	Street, City, State and Zip code.		
P.O. BOX 25126	,	3302 East 16+	45+		
3. TYPE OF EMPLOYMENT 4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT 101	12/17 7. TIME (A.M. OR P.M.)		
8. BASIS OF CLAIM (State in detail the known facts and circumstathe cause thereof. Use additional pages if necessary).			perty involved, the place of occurrence and		
I went to the VA. complain of	wing of h	aving problem urin	vating, 10w backpain,		
numbress and pain of	buttocks in	rwer thighs and	legs. Doctor Straylg		
to a me that I did not w	ced to see	abatk speciallis	st, he would send me		
told me that I did not w to pain management 7 before and they did not w	or Kthat I	reeded to that I	- have had epianiques		
0			speciallist.		
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT	(Number, Street, City, State	· · · · · · · · · · · · · · · · · · ·			
		, ,			
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT C (See instructions on reverse side).	F THE DAMAGE AND THE	LOCATION OF WHERE THE PROPERTY N	MAY BE INSPECTED.		
10.	PERSONAL INJURY/WE				
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUS OF THE INJURED PERSON OR DECEDENT.  Vec 4 Sevece beck soon with	th extrem t	oclining of right 4	thigh and numbrass		
Very Severe backpain, with ot both less, and in conmovements. I do not have	tinance.I	have trouble	having bowel		
The start of the second start have	any Feel	ing in that are	a Like time paralesis		
11.	WITNESS	ES J			
NAME 01		ADDRESS (Number, Street, City, State, ar	nd Zip Code)		
Pharmacist Doctor Strang Nurse Or Dolan accistant	Lubbock	1A			
Of Daleys assistant Lubbock spine Istitute					
12. (See instructions on reverse).  12a. PROPERTY DAMAGE 12b. PERSONAL INJURY	AMOUNT OF CLAIN		3		
12a. PROPERTY DAMAGE   12b. PERSONAL INJURY	12c. W		AL (Failure to specify may cause iture of your rights).		
5,000,000					
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMA FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM	AGES AND INJURIES CAL 1.	ISED BY THE INCIDENT ABOVE AND AGR	EE TO ACCEPT SAID AMOUNT IN		
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side)		13b. PHONE NUMBER OF PERSON SIGN $325 - 514 - 2878$	ING FORM 14. DATE OF SIGNATURE		
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM		CRIMINAL PENALTY FOR PE CLAIM OR MAKING F			
The claimant is liable to the United States Government for a civil pen	-thf t.) tt -	Fine, imprisonment, or both. (See 18 U.S.C.			

without any pain meds. The pain was so great JAMES E CLAYTON what I did not think I was going to make it Lubbock, TX 79403 case 5. Dextremely week legs, Doctor strang stated in his report that all I want was drugs That one done the MRI showed that I had a sever Cauda Equana in one disk grand amoderate to science in another about with other problems in Disks above. I had a Goody of the MRI sent to Lubbock Spine Institute, Even after Dr. Strang saw PSeeing that the first one did not help I ask Doctor Strang IFI could get an mRI any thighs and less and lower back. I told W. Daley's assistant It seems to be Begidura) I tought everything was a Kay, after a week I started having a burning in Don't in disks that Dr. Strang had ordered for me to have spidurals. I got I 2 dowe at another facility. I went to university medical Center in Lubbock TX. and objecting worser, so she said they would give me another epidusal it that owe did greening that I did not have a health problem. I told him that I was having badethof of the Injections. They did nothing about it, They made me go extrast & weeks wher and outer thighs and legs. He told me that the Covenant MRI showed I I told or Daley the samething about what was going on with my Lower back, butteck I was sent to Dr. Daley torpain manage-ment at the Lubbock spine Institute.

## JS 44 (Rev. 06/17) - TXND (Rev. 06/17) Case 5:19-cv-00008-C Society Case 5:19-cv-00008-C Page 4 of 4 PageID 4

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

L (a) PLAINTIFFS James Earl Clayton  (b) County of Residence of First Listed Plaintiff  Lubbock County  (EXCEPT IN U.S. PLAINTIFF CASES)			or misre	DEFENDANTS Department if Veterans Affairs Office of General Counsel Torts Law					
			County of Residence of First Listed Defendant McLennan County  (IN U.S. PLAINTIFF CASES ONLY)  NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.						
(c) Attorneys (Firm Name,	Address, and Telephone Numb	ver)		Attorneys (If Known)	)				
II. BASIS OF JURISD	ICTION (Place an "X" in	One Box Only)	III. CI	 TIZENSHIP OF P	PRINCIPA	L PARTIES	(Place an "X" in	One Box fo	or Plainti
☐ 1 U.S. Government	☐ 3 Federal Question			(For Diversity Cases Only)	TF DEF		and One Box fo		
Plaintiff			Citize						<b>X</b> 4
2 U.S. Government Defendant	☐ 4 Diversity (Indicate Citizens)	hip of Parties in Item III)	Citize	en of Another State	J 2	Incorporated and I of Business In A		<b>□</b> 5	<b>5</b>
IV. NATURE OF CUR			3	en or Subject of a reign Country	3 🗇 3	Foreign Nation		□ 6	□ 6
IV. NATURE OF SUIT		only)	1 50	DEFITTIOE DEN AT TV		here for: Same of		TOTAL CONTRACTOR OF THE PARTY	
☐ 110 Insurance ☐ 120 Marine	PERSONAL INJURY  310 Airplane	PERSONAL INJUR  365 Personal Injury -		5 Drug Related Seizure of Property 21 USC 881	☐ 422 Appe	al 28 USC 158	☐ 375 False Cla		is
☐ 130 Miller Act	☐ 315 Airplane Product	Product Liability	□ 69	0 Other	□ 423 With 28 U	Grawai SC 157	376 Qui Tam 3729(a))		
☐ 140 Negotiable Instrument ☐ 150 Recovery of Overpayment	Liability  320 Assault, Libel &	☐ 367 Health Care/ Pharmaceutical	1		PROPER	DATE DECITION	☐ 400 State Rea	apportionm	ent
& Enforcement of Judgment	Slander	Personal Injury	i		□ 820 Copy	RTY RIGHTS rights	☐ 410 Antitrust☐ 430 Banks an		
☐ 151 Medicare Act ☐ 152 Recovery of Defaulted	☐ 330 Federal Employers' Liability	Product Liability	.		☐ 830 Paten	t	☐ 450 Commerc	ce	
Student Loans	☐ 340 Marine	☐ 368 Asbestos Personal Injury Product	·			t - Abbreviated Drug Application	☐ 460 Deportati ☐ 470 Racketee		d and
(Excludes Veterans)	☐ 345 Marine Product	Liability	<u> </u>		☐ 840 Trade	mark		Organizatio	
☐ 153 Recovery of Overpayment of Veteran's Benefits	Liability  350 Motor Vehicle	PERSONAL PROPER  370 Other Fraud		LABOR  O Fair Labor Standards		SECURITY	480 Consume		
☐ 160 Stockholders' Suits	☐ 355 Motor Vehicle	371 Truth in Lending	10 /1	Act	☐ 861 HIA (☐ 862 Black		☐ 490 Cable/Sa ☐ 850 Securities		ities/
190 Other Contract	Product Liability	380 Other Personal	<b>172</b> (	0 Labor/Management		C/DIWW (405(g))	Exchang		rics/
☐ 195 Contract Product Liability ☐ 196 Franchise	☐ 360 Other Personal Injury	Property Damage  385 Property Damage	G 74	Relations	☐ 864 SSID		☐ 890 Other Sta		ions
_ *************************************	362 Personal Injury -	Product Liability		O Railway Labor Act I Family and Medical	□ 865 RSI (4	403(g))	☐ 891 Agricultu ☐ 893 Environm		ere
DEAL PROPERTY	Medical Malpractice	·		Leave Act			☐ 895 Freedom		
REAL PROPERTY  210 Land Condemnation	CIVIL RIGHTS  ☐ 440 Other Civil Rights	PRISONER PETITION Habeas Corpus:		Other Labor Litigation Employee Retirement		L TAX SUITS	Act		
☐ 220 Foreclosure	441 Voting	463 Alien Detainee	13.73	Income Security Act	3	(U.S. Plaintiff efendant)	☐ 896 Arbitratio ☐ 899 Administ		edure
☐ 230 Rent Lease & Ejectment	☐ 442 Employment	☐ 510 Motions to Vacate		,	☐ 871 IRS—			ew or Appe	
<ul> <li>240 Torts to Land</li> <li>245 Tort Product Liability</li> </ul>	443 Housing/     Accommodations	Sentence  530 General			26 US	SC 7609	Agency D	Decision	
290 All Other Real Property	☐ 445 Amer. w/Disabilities -	535 Death Penalty	-	IMMIGRATION	1		☐ 950 Constituti State State		
	Employment	Other:		Naturalization Application	1			uco	
	<ul> <li>446 Amer. w/Disabilities -</li> <li>Other</li> </ul>	<ul><li>540 Mandamus &amp; Othe</li><li>550 Civil Rights</li></ul>	π D 465	Other Immigration Actions					
	☐ 448 Education	☐ 555 Prison Condition	ŀ	Actions	1				
		☐ 560 Civil Detainee -	1		į				
		Conditions of Confinement	l						
V. ORIGIN (Place an "X" in	One Pou Oulu)	Comment	<u> </u>					<del></del>	
. 4		Remanded from	1 4 Daine	tatadar 🗆 5 m. a		<b>5</b>			
		Appellate Court	J 4 Reins Reop	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	r District	O 6 Multidistri Litigation Transfer	- 1	Multidistr Litigation Direct File	-
	Cite the U.S. Civil Sta	tute under which you are	e filing (D	o not cite jurisdictional stat	utes unless div	ersity):			
VI. CAUSE OF ACTIO	Brief description of ca							· · · · · · · · · · · · · · · · · · ·	<del></del>
VII. REQUESTED IN	Medical Malpractic		DE	WAND 6	CI	TEOM WEG 1			
COMPLAINT:	UNDER RULE 2	IS A CLASS ACTION 3, F.R.Cv.P.	DE	MAND \$		IECK YES only i JRY DEMAND:		complaint	:
VIII. RELATED CASE IF ANY	(See instructions):	HIDOT							
	<del></del>	JUDGE	0.D.)		DOCKET	NUMBER			*******
DATE		SIGNATURE OF ATT	ORNEY O	FRECORD					
FOR OFFICE USE ONLY			<u></u>	····	·				
RECEIPT # AM	IOUNT	APPLYING IFP		JUDGE		MAG IIIDO	3F		